Utah Department of Environmental Quality
Division of Radiation Control
Application for Medical Use, Radioactive Material License

INSTRUCTIONS: Complete all items whether this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Mail to : Utah Department of Environmental Quality, Division of Radiation Control, P.O. Box 144850, Salt Lake City, Utah 84114-4850. Upon approval of this application, the applicant will receive a radioactive material license, issued in accordance with the requirements contained in the current Radiation Control rules as adopted by the Utah Radiation Control Board.

1. Name and address: (Licensing Guide Item #1)	**2. Location of Use: (Licensing Guide Item #2)**

3. Application Type		Current License #	**4. Person to be contacted about this application:**
Amendment		UT-	Telephone:
Renewal		UT-	**5. Radiation Safety Officer:**
New			Telephone:

Submit Items 6 thru 12 on 8 ½" X 11" Paper. Key all responses to the respective item and/or sub item of the licensing guide. Staple this form to the papers.

6. **Radioactive material to be possessed**
7. **Purpose for which licensed material will be used**
8. **Individual(s) responsible for radiation safety program and their training and experience**
9. **Training for individuals working in or frequenting restricted areas**
10. **Facilities and equipment**
11. **Radiation safety program**
12. **Waste management**

13. Radiation Fees: (R313-70)	Category :	Amount Enclosed: $

14. CERTIFICATION: The applicant, or official executing this certification on behalf of the applicant named in Item 1, certifies that this application is prepared in conformity with current Radiation Control Rules adopted by the Utah Radiation Control Board and that all information contained herein, including any supplements attached hereto, are true and correct to the best of their knowledge and belief.

Signature- Certifying Officer:	Typed/Printed Name:	Title:	Date:

Training & Experience
Authorized User or Radiation Safety Officer

1. Name of proposed user or Radiation Safety Officer:	2. For physicians, State or Territory where licensed:

3. Certification

A. Specialty Board	B. Category	C. Date Certified

4. Training received in basic radioisotope handling techniques		Lecture or Laboratory (Clock Hours)	Supervised On-the-Job (Clock Hours)
A. Field of Training	B. Location & Date(s) of Training		
Radiation Physics & Instrumentation			
Radiation Protection			
Mathematics Pertaining To Use & Measurement Of Radioactivity			
Radiation Biology			
Radiopharmaceutical Chemistry			

5. Experience with radiation (Actual use of Radioisotopes or equivalent experience)

Isotope	mCi used @ one time	Location	Clock Hours	Type of Use

Preceptor Statement

Must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. Proposed physician user's name & address:

Key to column C.
Personal participation should consist of :

1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. Clinical training and experience of above named physician

A. Isotope	B. Condition Diagnosed or Treated	C. Number of Cases Involving Personal Participation	D. Comments (Additional sheets may be used)
	Thyroid Scan		
	Thyroid Uptake		
	Lung Perfusion Scan		
	Xenon Ventilation Study		
	Aerosol Ventilation Scan		
	Renal Flow Scan		
	Brain Scan		
	Liver/Spleen Scan		
	Bone Scan		
	Gastroesophageal Study		
	LeVeen Shunt Study		
	Cystogram		
	Dacryocystogram		
	Cardiac Perfusion Scan		
	Cardiac Stress Ventriculogram		
	Cardiac Rest Ventriculogram		
	Gallium Scan		
P^{32} (Soluble)	Treatment of polycythermia vera, Leukemia, and bone metastases		
P^{32} (Colloidal)	Intracavitary Treatment		

Preceptor Statement (Continued)

Proposed physician user:

2. Clinical experience of above named physician (Continued)

A. Isotope	B. Conditions Diagnosed or Treated	C. Number of Cases Involving Personal Participation	D. Comments (Additional sheets may be used)
I^{131}	Thyroid Carcinoma Treat.		
	Hyperthyroidism Treatment		
Au^{198}	Intracavitary Treatment		
Co^{60} or Cs^{137}	Interstitial Treatment		
	Intracavitary Treatment		
I^{125}, Pd^{103}, Ir^{192}	Interstitial Treatment		
Co^{60} or Cs^{137}	Teletherapy Treatment		
Sr^{90}	Eye Disease Treatment		
Radiopharmaceutical preparation			
Mo^{99}/ Tc^{99m}	Generator		
Sn^{113}/In^{113m}	Generator		
Tc^{99m}	Reagent Kits		
Other			

3. Dates and total number of hours received in clinical radioisotope

A. Location:	B. Dates:	C. Clock Hours of Experience:

4. Training and experience indicated above was obtained under the supervision of:

A. Supervisor:	B. Institution:
C. Address:	D. City, State, Zip:

5. Preceptor information:

Name: (Type or Print)	Phone:	Materials License Number(s):
Signature:		Date: